

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishmen | | n I | 1 0.1 1 2 | Telephone Number 858 - S7/- 2445 | Date of Ins (mm/dd/yr | | PERMIT# | |
|--|---|----------------|--|---|------------------------------------|---------------------|---------------|--|
| adoba Restaurant Corp. | | | | | , , | 2101 | 1 8 | |
| Establishmen 4302 | t Addres | s (nui r/es | mber and street, city, state, zip code) fown Rd New Albany, IN 47150 | 812-941. 9654 6-12 | | (-1.5) | -198 | |
| Owner | ì | | estaurants (| Purpose: 1. Routine | Follow-up Release Date NO 10 dayS | | | |
| Owner's Add | lress | 1 | 1 A & C Am (1 20103 | 2. Follow-up | Summary of Violations: | | | |
| 933 | | al | boa Ave San Diego, CA 92/23 | 3. Complaint | \times 11 7 | | | |
| Person in Ch | arge | æl | in Lewis | 4. Pre-Operational | c <u></u> | C NC R R | | |
| Responsible l | Person's | E-ma | il | 5. Temporary | Menu Tyj | pe <i>(See back</i> | of page) | |
| | | | | 6. HACCP | | | | |
| Certified Foo | od Manag | | levin Lewis | 7. Other (list) | 12 | 3 | _4 <u>V</u> 5 | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | | | | | | | |
| | C/NC | R | Narrative | | | To Be Co | rrected By | |
| 3983 | NC | R | Observed damaged dumpster pol | served damaged dumpster plug. | | | 2 weeks | |
| 392 | NC | | Observed emplyee not close dumpster | | | | cted | |
| - | • | | | retrain Staff | | | | |
| 394 | NC | R | Observed trash behind dumpster. | | | 2 de | zvs | |
| 431 | NC | | Observed deaning needed be | <i>f.</i> · · · · · · · · · · · · · · · · · · · | | 7 du | yS. | |
| | <u>, </u> | | in floor drain on pr | pline. | | ' | | |
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| Received by (name and title printed): Inspected by (name and title printed): | | | | | | | | |
| | | | | | | | | |
| Tristain Martin Shift Manager Thomas Snide!, Received by (signature): Inspected by (signature): | | | | | | | | |
| Russam Man Thomas Sinhs | | | | | | | | |
| cc: cc: cc: | | | | | | | | |
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